



# Summer Baseball/ Softball Camp



**DiCHIARO**  
Baseball & Softball  
Academy

**Week of**  
**August 14\***  
**Mon. - Fri.**  
**9am - 3pm**

**Superdome Sports Center**  
**134 Hopper Avenue**  
**Walwick, NJ 07463**

**Grades**  
**1 thru 8**



**Program run by**  
**Lou DiChiaro**

Top Baseball/Softball  
Instructor

**Week of**  
**August 21\***  
**Mon. - Fri.**  
**9am - 3pm**

Includes: Baseball/  
softball drills with em-  
phasis on fielding, hitting,  
catching, base running,  
pitching **PLUS** games ac-  
cording to players age.



**Practice Indoor in their**  
**full AC facility or Outdoor**  
**on their Turf Field**

**\$295**

\* Lunch - Campers may bring a bag lunch or purchase a hot lunch each day for \$5.

**Summer Superdome Registration - Week of:**  **August 14**  **August 21**

Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone W / H \_\_\_\_\_ Cell \_\_\_\_\_ e-mail: \_\_\_\_\_

Payment Type:  Check (*made payable to DiChiaro Baseball & Softball Academy*)  Visa\*  MasterCard\*

\*Card Number \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mail to: **DiChiaro Baseball and Softball Academy, 80 Carnot Avenue, Woodcliff Lake NJ 07677**

## Consent and Waiver

I, individually or on behalf of my child or ward, understand that participating in lessons, camps, team workout or other activities (the programs) offered by Lou DiChiaro's Baseball & Softball Academy, Inc. (the company) and Superdome Sports Center entails inherent risks of physical injury, and that my participation or the participation of my child or ward could result in physical injury.

In consideration of my or my child's or ward's participation in any or all of the company's programs, I individually or on behalf of my child or ward, including my or my child's heirs and assigns, release Lou DiChiaro's Baseball & Softball Academy, Inc. and Superdome Sports Center, its officers, employees, agents, and volunteers, from any and all claims and liabilities arising from participation in the company's programs.

I certify that I am the parent/guardian of \_\_\_\_\_ and that I am over the age of 18.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**18-01 Pollitt Drive, Fair Lawn, NJ 07410**

**Phone: (201) 773-6858 • E-mail: info@dichiarobaseball.com • website: www.dichiarobaseball.com**